

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Declaration for Patent Application

As a named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name;

I believe I am the original, first and sole inventor (if only one name is listed) or an original, first and joint inventor (if plural names are listed in the signatory page(s) commencing at page 3 hereof) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ANTI-ANGIOGENIC PROTEINS AND FRAGMENTS AND METHODS OF USE THEREOF

the specification of which (check one)

☐ is attached hereto.

☒ was filed on April 4, 2000 as United States Application

Number or PCT International Application No. 09/543,371

and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is known by me to be material to patentability as defined in 37 C.F.R. §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			Priority Not Claimed	Certified Copy Filed?	
(Number)	(Country)	(Day/Month/Year filed)		YES	NO
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/089,689
(Application Number)

June 17, 1998
(Filing Date)

60/126,175
(Application Number)

March 25, 1999
(Filing Date)

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known by me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

<u>09/335,224</u>	<u>June 17, 1999</u>	<u>Pending</u>
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)
<u> </u>	<u> </u>	<u> </u>
(Application Serial No.)	(Filing date)	(Status: patented, pending, abandoned)

As a named inventor, I hereby appoint the attorneys and/or agents associated with
Hamilton, Brook, Smith & Reynolds, P.C., Two Militia Drive, Lexington, Massachusetts 02421-4799
Customer No. 21005,

and _____,

to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Please send correspondence to: ☐ Customer No. Noted Above
or
☒ Address below:

21005
HAMILTON, BROOK, SMITH & REYNOLDS, P.C.
Two Militia Drive
Lexington, MA 02421-4799

Direct telephone calls to: Doreen M. Hogle Telephone No.: 781-861-6240

Direct facsimiles to: Doreen M. Hogle Facsimile No.: 781-861-9540

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole

or first inventor Raghuram Kalluri

Inventor's Signature _____

Date

05/11/2010

Residence _____

28 Helyoke Street

Boston, Massachusetts 02116

443 Beacon St #3R
Boston MA 02115

Citizenship _____

United States

Post Office Address _____

same as above

05/11/2010

SEP 29 2000

STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) & 1.27(c))-SMALL BUSINESS CONCERN

DOCKET NUMBER: 1440.1027-006

Applicant or Patentee: Raghuram Kalluri
Application or Patent No.: 09/543,371
Filed or Issued: April 4, 2000
Title: Anti-Angiogenic Proteins and Fragments and Methods of Use Thereof

I hereby state that I am

- ☐ the owner of the small business concern identified below;
☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF SMALL BUSINESS CONCERN Ilex Oncology
ADDRESS OF SMALL BUSINESS CONCERN 11550 IH 10 West Suite 100
San Antonio, Texas 78230-1064

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 CFR Part 121 for purposes of paying reduced fees to the United States Patent and Trademark Office. Questions related to size standards for a small business concern may be directed to: Small Business Administration, Size Standards Staff, 409 Third Street, SW, Washington, DC 20416 or you may call 202-205-6618.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention must file separate statements as to their status as small entities. No rights in the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d), or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern, or organization is listed below.

Beth Israel Deaconess Medical Center
330 Brookline Avenue
Boston, Massachusetts 02215

Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27)

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.24(b))

NAME OF PERSON SIGNING A. A. Jeeminck
TITLE OF PERSON IF OTHER THAN OWNER Vice President
ADDRESS OF PERSON SIGNING 11550 IH-10 West, Suite 100, San Antonio, TX 78230
SIGNATURE A. A. Jeeminck DATE 8/31/00

VERIFIED STATEMENT CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) & 1.27(d))-NONPROFIT ORGANIZATION

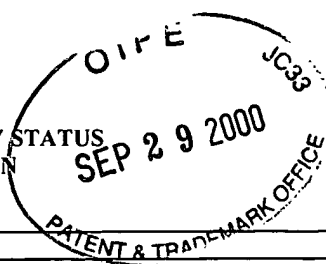
DOCKET NUMBER: 1440.1027-005

Applicant or Patentee: Raghuram Kalluri

Serial or Patent No.: 09/543,371

Filed or Issued: April 4, 2000

Title: Anti-Angiogenic Proteins and Fragments and Methods of Use Thereof



I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF NONPROFIT ORGANIZATION Beth Israel Deaconess Medical Center

ADDRESS OF NONPROFIT ORGANIZATION 330 Brookline Avenue

Boston, Massachusetts 02215

TYPE OF NONPROFIT ORGANIZATION:

- ☐ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3))
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 U.S.C. 501(a) and 501(c)(3)) IF
LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED
STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE _____)
(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention described in:

- ☐ the specification filed herewith with title as listed above.
☒ the application identified above.
☐ the patent identified above.

I hereby declare the rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention must file separate verified statements averring to their status as small entities and that no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization having any rights in the invention is listed below:

- ☐ no such person, concern, or organization exists.
☒ each such person, concern or organization is listed below.

Ilex Oncology
11550 IH 10 West, Suite 100
San Antonio, Texas 78230-1064

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Barry Eisenstein

TITLE IN ORGANIZATION OF PERSON SIGNING Vice President of Science and Technology

ADDRESS OF PERSON SIGNING 330 Brookline Avenue, Boston, Massachusetts 02215

SIGNATURE *Barry Eisenstein*

DATE 5/12/00